PAGE 1 / 21

Image# 201604209012606318

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X   F  | or Other Than An Autl   | horized Committee                        | Office                    | Use Only  |
|--|---|--|---------------------------|---|
| 1. NAME OF<br>COMMITTEE (in full)  | TYPE OR PRINT ▼   | Example: If typing, type over the lines. | 12FE4M5                   |   |
| American Nurses Asso   | ciation PAC   |  |                           |   |
|  | 1 1 1 1 1 1 1 1   | 1 1 1 1 1 1 1 1 1                        |                           |   |
| ADDRESS (number and street)  | 8515 Georgia Avenue   |  |                           |   |
| Check if different than previously reported. (ACC)   | Suite 400 Silver Spring   |  | MD 209                    | 910   |
| 2. FEC IDENTIFICATION NU   | MBER ▼ CIT  | Y  | STATE ▲                   | ZIP CODE ▲  |
| C C00017525  |   | S THIS NEW (N) OF                        | AMENDE (A)                | D   |
| 4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-electior Year Only) (MY) | Report Due On:  Mar  X Apr  (c) 12-Day PRE-Election Report for the:  (d) 30-Day POST-Election | 20 (M2)                                  | 6) Sep 20 (M9             | (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only) |
| Termination Report (TER)   | Report for the:   | n on                                     | / Y = Y = Y               | in the<br>State of  |
| 5. Covering Period 03  | 01 2016   | through 03                               |                           | 2016  |
| I certify that I have examined thi   | •   | my knowledge and belief it is            | true, correct and comp    | olete.  |
| Type or Print Name of Treasurer  | Dr. Thomas Coe  |  |                           |   |
| Signature of Treasurer Dr. The   | nomas Coe   | [Electronically Filed]                   |                           | 19 / 2016   |
| NOTE: Submission of false, errone  | ous, or incomplete information  | n may subject the person signing         | g this Report to the pena | alties of 2 U.S.C. §437g.                                       |
| Office<br>Use<br>Only  |   |  | FE                        | C FORM 3X<br>Rev. 12/2004                                       |

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Nurses Association PAC 03 01 2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 184795.53 January 1, 2016 (b) Cash on Hand at 150580.89 Beginning of Reporting Period..... 56506.50 84540.61 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 269336.14 207087.39 6(a) and 6(c) for Column B)..... 14428.39 76677.14 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 192659.00 192659.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

| A        | KI     | A           | $ \sim $ |
|----------|--------|-------------|----------|
| American | Nurses | Association | PAC      |

| Report Covering the Period: From: 03                              | 01 2016           | To: 03 31 2016        |
|---|-------------------|-----------------------|
| I. Receipts   | COLUMN A          | COLUMN B              |
| <u> </u>  | Total This Period | Calendar Year-to-Date |
| . Contributions (other than loans) From:                          |                   |                       |
| (a) Individuals/Persons Other Than Political Committees           |                   |                       |
| (i) Itemized (use Schedule A)                                     | 12908.08          | 21408.08              |
| (i) iterrized (use schedule A)                                    |                   |                       |
| (ii) Unitemized   | 43598.42          | 63132.53              |
| (iii) TOTAL (add  |                   |                       |
| Lines 11(a)(i) and (ii)▶  | 56506.50          | 84540.61              |
|   |                   |                       |
| (b) Political Party Committees                                    | 0.00              | 0.00                  |
| (c) Other Political Committees                                    |                   |                       |
| (such as PACs)  | 0.00              | 0.00                  |
| (d) Total Contributions (add Lines                                |                   |                       |
| 11(a)(iii), (b), and (c)) (Carry                                  |                   | 04540.64              |
| Totals to Line 33, page 5)▶                                       | 56506.50          | 84540.61              |
| 2. Transfers From Affiliated/Other                                |                   |                       |
| Party Committees  | 0.00              | 0.00                  |
|   | 0.00              | 0.00                  |
| 3. All Loans Received   | 0.00              | 0.00                  |
|   |                   | 0.00                  |
| Loan Repayments Received  | 0.00              | 0.00                  |
| 5. Offsets To Operating Expenditures                              |                   |                       |
| (Refunds, Rebates, etc.)  | 0.00              | 0.00                  |
| (Carry Totals to Line 37, page 5)                                 | 0.00              | 0.00                  |
| Refunds of Contributions Made     to Federal Candidates and Other |                   |                       |
| Political Committees  | 0.00              | 0.00                  |
| 7. Other Federal Receipts   | 0.00              | 0.00                  |
| (Dividends, Interest, etc.)                                       | 0.00              | 0.00                  |
| 3. Transfers from Non-Federal and Levin Funds                     | 0.00              | 0.00                  |
| (a) Non-Federal Account   |                   |                       |
| (from Schedule H3)  | 0.00              | 0.00                  |
| ,   | 7                 | 7                     |
| (b) Levin Funds (from Schedule H5)                                | 0.00              | 0.00                  |
| (b) Levill I dilde (ilotti delleddie 115)                         |                   |                       |
| (c) Total Transfers (add 18(a) and 18(b))                         | 0.00              | 0.00                  |
|   |                   |                       |
| . Total Receipts (add Lines 11(d),                                |                   |                       |
| 12, 13, 14, 15, 16, 17, and 18(c))▶                               | 56506.50          | 84540.61              |
| ). Total Federal Receipts   |                   |                       |
| (subtract Line 18(c) from Line 19)▶                               | 56506.50          | 84540.61              |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements   | Total This Period |                       |  |  |  |  |  |  |
|---|-------------------|-----------------------|--|--|--|--|--|--|
| 21. Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4) |                   | Calendar Year-to-Date |  |  |  |  |  |  |
| (i) Federal Share   | 0.00              | 0.00                  |  |  |  |  |  |  |
| (ii) Non-Federal Share  | 0.00              | 0.00                  |  |  |  |  |  |  |
| (b) Other Federal Operating   |                   |                       |  |  |  |  |  |  |
| Expenditures(c) Total Operating Expenditures  | 0.00              | 0.00                  |  |  |  |  |  |  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶                          | 0.00              | 0.00                  |  |  |  |  |  |  |
| 22. Transfers to Affiliated/Other Party   |                   |                       |  |  |  |  |  |  |
| Committees  | 0.00              | 0.00                  |  |  |  |  |  |  |
| Federal Candidates/Committees and Other Political Committees                                | 14490.39          | 75990.39              |  |  |  |  |  |  |
| 4. Independent Expenditures   | 0.00              | 0.00                  |  |  |  |  |  |  |
| (use Schedule E)  | 0.00              | 0.00                  |  |  |  |  |  |  |
| (2 U.S.C. §441a(d))<br>(use Schedule F)   | 0.00              | 0.00                  |  |  |  |  |  |  |
| 6. Loan Repayments Made   | 0.00              | 0.00                  |  |  |  |  |  |  |
| о. содн пераушеню маче  |                   |                       |  |  |  |  |  |  |
| 7. Loans Made8. Refunds of Contributions To:  | 0.00              | 0.00                  |  |  |  |  |  |  |
| (a) Individuals/Persons Other Than Political Committees                                     | -62.00            | 686.75                |  |  |  |  |  |  |
|   | 0.00              | 0.00                  |  |  |  |  |  |  |
| (b) Political Party Committees  | 0.00              | 0.00                  |  |  |  |  |  |  |
| (such as PACs)  | 0.00              | 0.00                  |  |  |  |  |  |  |
| (d) Total Contribution Refunds  |                   |                       |  |  |  |  |  |  |
| (add Lines 28(a), (b), and (c))▶  | -62.00            | 686.75                |  |  |  |  |  |  |
| 9. Other Disbursements  | 0.00              | 0.00                  |  |  |  |  |  |  |
| 9. Other Disbursements  | 0.00              | 0.00                  |  |  |  |  |  |  |
| 0. Federal Election Activity (2 U.S.C. §431(20))  |                   |                       |  |  |  |  |  |  |
| (a) Allocated Federal Election Activity<br>(from Schedule H6)                               |                   |                       |  |  |  |  |  |  |
| (i) Federal Share   | 0.00              | 0.00                  |  |  |  |  |  |  |
| (ii) "Levin" Share  | 0.00              | 0.00                  |  |  |  |  |  |  |
| (b) Federal Election Activity Paid Entirely   |                   |                       |  |  |  |  |  |  |
| With Federal Funds  | 0.00              | 0.00                  |  |  |  |  |  |  |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶              | 0.00              | 0.00                  |  |  |  |  |  |  |
|   |                   |                       |  |  |  |  |  |  |
| 11. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))      | 14428.39          | 76677.14              |  |  |  |  |  |  |
| -, -,,,,(w), w.w 00(0))   | 14420.35          | 70077.14              |  |  |  |  |  |  |
| 2. Total Federal Disbursements  |                   |                       |  |  |  |  |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)                                   | 14428.39          | 76677.14              |  |  |  |  |  |  |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                             | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)       | 56506.50                      | 84540.61                          |
| 4. Total Contribution Refunds (from Line 28(d))                           | -62.00                        | 686.75                            |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)   | 56568.50                      | 83853.86                          |
| . Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00                          | 0.00                              |
| Offsets to Operating Expenditures (from Line 15, page 3)                  | 0.00                          | 0.00                              |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36)             | 0.00                          | 0.00                              |

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF 21 Use separate schedule(s) (check only one)

| 11        | EMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page                                | X   | 11a<br>13 |           | 11b                 |                    | 11c     |                    | 12<br>16 | □ <sub>17</sub> |
|-----------|---|---|--|-----|-----------|-----------|---------------------|--------------------|---------|--------------------|----------|-----------------|
|           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the   |   |  |     | r the     |           | pose (              |                    | licitin |                    | ntribut  | ions            |
| $\rangle$ | NAME OF COMMITTEE (In Full) American Nurses Association PA  | AC .  |  |     |           |           |                     |                    |         |                    |          |                 |
| A.        | Full Name (Last, First, Middle Initial) Cynthia Reno Balkstra  Mailing Address 31 Highview Ln  City Dahlonega  FEC ID number of contributing federal political committee.  Name of Employer  Pruitthealth Hospice  Receipt For:  Primary General Other (specify)                | State<br>GA<br>C<br>Occupation<br>CASE MAN<br>Aggregate |  |     | mount     | acti      | 1<br>ion ID         | 9<br>) : <b>A</b>  |         | 20<br>0 <b>C30</b> |          | DBEABF          |
| В.        | Full Name (Last, First, Middle Initial) DIANA L BIORDI  Mailing Address 509 White Birch Ct.  City Pittsburgh  FEC ID number of contributing federal political committee.  Name of Employer The University Capstone CON  Receipt For:  Primary General Other (specify)           | State PA  C Occupation Retired Aggregate                | Zip Code<br>15238-1323<br>Year-to-Date ▼<br>250.00                               | _ [ | mount     | /<br>acti | 0<br>ion ID<br>Each |                    |         | 20<br><b>72B</b> ( |          | 61F8A6          |
| c.        | Full Name (Last, First, Middle Initial)  Dr. Michael R. Bleich  Mailing Address 2702 Wynncrest Manor Dr  City  Chesterfield  FEC ID number of contributing federal political committee.  Name of Employer  Univ of Kansas Hosp  Receipt For:  Primary  General  Other (specify) |   | Zip Code<br>63005-6700<br>rk and Bob Fox Dean and Prof<br>Year-to-Date ▼  500.00 |     | mount     | acti      | 1<br>ion ID<br>Each | 5<br>): <b>A</b> 7 |         | 20<br><b>2AD</b> ( |          | ¥<br>43909EI    |
| s         | UBTOTAL of Receipts This Page (optional)  |   |  |     | -         | _         | ,                   |                    | 7       | 1                  | 1050.0   | 0               |
| Т         | OTAL This Period (last page this line number o  | only)   |  | . [ |           |           | ,                   |                    | ,       |                    |          |                 |

| Use separate schedule(s) for each category of the Detailed Summary Page |      | LINE             |  |     | PAGE |     | 7 | OF |  | 21 |    |  |
|---|------|------------------|--|-----|------|-----|---|----|--|----|----|--|
|   | (che | (check only one) |  |     |      |     |   |    |  |    |    |  |
|   | ×    | 11a              |  | 11b |      | 11c |   | 12 |  |    |    |  |
|   |      | 13               |  | 14  |      | 15  |   | 16 |  |    | 17 |  |
|   |      |                  |  |     |      |     |   |    |  |    |    |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) PATRICIA A. BOSTON Date of Receipt Mailing Address 60 Hills Beach Rd 2016 City Zip Code State Transaction ID: AEC29296D127840F8B8F ME 04005-9530 Biddeford Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Consultant HSM self Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael A. Carter Date of Receipt Mailing Address 369 Belmont Acres Cir 03 15 2016 City State Zip Code Transaction ID: A6AA68F12A379417EBCD **Tumbling Shoals** AR 72581-9427 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Memo Item Name of Employer Occupation University of Tampa Educator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350,00 Full Name (Last, First, Middle Initial) **c.** Dr. Thomas Coe Date of Receipt Mailing Address 4074 Osco Williams Rd 03 31 2016 City Zip Code State Transaction ID: A7439199BF0C1419F97E TN Pall Mall 38577-4064 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation Transition Director William US Army Beaumont Medical Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Ms. Lise Cooper Date of Receipt Mailing Address 5 Brown Thrasher 08 2016 City Zip Code State Transaction ID: ADA1D0B3D7F0A4DD7BB Hackettstown NJ 07840-2803 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Staff Nurse Atlantic Health Morristown Memorial Ho Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karen Daley Date of Receipt Mailing Address PO Box 101 03 24 2016 City State Zip Code Transaction ID: A0FD94E9981FC40DBB02 MA Cotuit 02635-0101 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer Occupation American Nurses Assn President - American Nurses Associatio Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. Elizabeth O. Dietz Date of Receipt Mailing Address 2054 Folle Blanche Dr 03 31 2016 City Zip Code State Transaction ID: ABED29306935144AB85C CA San Jose 95135-1251 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation UNIVERSITY OF PA Lead Faculty Chairperson Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

|   | FO  | FOR LINE NUMBER: PAGE 9 OF |    |     |  |     |  |    |  |    |  |  |
|---|-----|----------------------------|----|-----|--|-----|--|----|--|----|--|--|
| Use separate schedule(s) for each category of the | (ch | eck only                   | or | ne) |  |     |  |    |  |    |  |  |
| Detailed Summary Page                             |     | 11a                        |    | 11b |  | 11c |  | 12 |  |    |  |  |
|   |     | 13                         |    | 14  |  | 15  |  | 16 |  | 17 |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Travis L. Elmore Date of Receipt Mailing Address 4821 N Drew St 18 2016 03 City Zip Code State Transaction ID : A596B5C55C0B24406B42 OR 97203-4623 Portland Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation RN Wsna Nurses On Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bonnie L. Faherty Date of Receipt Mailing Address 18175 Andrea Cir N. Unit 4 03 28 2016 City State Zip Code Transaction ID: AD6673E134EC0488DA29 Northridge CA 91325-1158 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Csun Professor Emerita Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. TERESA M Gomez Date of Receipt Mailing Address 516 Brochardt Blvd 03 24 2016 City Zip Code State Transaction ID: A5021D999D4384A27BA7 TN Knoxville 37934-0861 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Memo Item Name of Employer Occupation **CONVENANT HEALTH** Nurse Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 740.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9

| Use separate schedule(s) for each category of the Detailed Summary Page | FC  | DR               | LINE | NU | MBER | : | PAGE | 1 | 10 | OF |  | 21 |
|---|-----|------------------|------|----|------|---|------|---|----|----|--|----|
|   | (cl | (check only one) |      |    |      |   |      |   |    |    |  |    |
|   |     | X                | 11a  |    | 11b  |   | 11c  |   | 12 |    |  |    |
|   |     |                  | 13   |    | 14   |   | 15   |   | 16 |    |  | 17 |
| not be sold or used by any pedress of any political committee           |     |                  |      |    |      |   |      |   |    |    |  |    |

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) CARYL Goodyear-Bruch Date of Receipt Mailing Address 3024 S. Viking Ct 31 2016 City Zip Code State Transaction ID: A8F07E628402C4CF0B75 MO Independence 64057-1786 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation RN University of Kansas Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Irmatrude Grant Date of Receipt Mailing Address 280 E 45th St 03 80 2016 City State Zip Code Transaction ID: AE274A1E930C24037A0A Brooklyn NY 11203-2113 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Memo Item Name of Employer Occupation East New York Coordinator, Pediatric Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350,00 Full Name (Last, First, Middle Initial) c. LOLA F. HOUSTON Date of Receipt Mailing Address 6652 Waterford PI 03 03 2016 City State Zip Code Transaction ID: A6152EF9485F14E3E90D KY Owensboro 42303-9235 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation ARNP The Hancock Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9

9

|   |   | OR LINE          |  |     | PAGE | = 1 | 11 0 | F  | 21 |    |  |
|---|---|------------------|--|-----|------|-----|------|----|----|----|--|
| Use separate schedule(s)                                      |   | (check only one) |  |     |      |     |      |    |    |    |  |
| for each category of the<br>Detailed Summary Page             | [ | <b>X</b> 11a     |  | 11b |      | 11c |      | 12 |    |    |  |
|   |   | 13               |  | 14  |      | 15  |      | 16 |    | 17 |  |
| not be sold or used by any pedress of any political committee |   |                  |  |     |      | _   |      |    |    | i  |  |

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) A. Dr. Jeanette F. Kissinger Date of Receipt Mailing Address 2312 Rocky Point Pkwy 03 2016 City State Zip Code Transaction ID: AC9EAD7FC33D1456FBCF VA 23238-3642 Henrico Amount of Each Receipt this Period FEC ID number of contributing C 200.08 federal political committee. Memo Item Name of Employer Occupation Cross Over Health Care Ministry Professor Emeritus C-ANP Receipt For: Aggregate Year-to-Date ▼ Primary General 200.08 Other (specify) Full Name (Last, First, Middle Initial) B. Angela B McBride Date of Receipt Mailing Address 744 Cherokee Ave 03 10 2016 City State Zip Code Transaction ID: A67A8DBD8A5F3424FAE6 IN 47905-1872 Lafayette Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Indiana University Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name (Last, First, Middle Initial) c. Joan McLean Date of Receipt Mailing Address 715 E 2nd St

|  |                           | 03 13 2010                            |
|--|---------------------------|---------------------------------------|
| City   | State Zip Code            | Transaction ID : A4E07307C5765461F976 |
| Hope   | AR 71801-4604             | Amount of Each Receipt this Period    |
| FEC ID number of contributing federal political committee. | C                         | 250.00                                |
| Name of Employer   | Occupation                | Memo Item                             |
| Medical Park   | Family Nurse Practitioner |                                       |
| Receipt For:   | Aggregate Year-to-Date ▼  |                                       |
| Primary General Other (specify) ▼                          | 250.00                    |                                       |
|  |                           |                                       |

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9

700.08

| Use separate schedule(s) for each category of the Detailed Summary Page |  | FOR LINE NUMBER: PAGE 12 OF 2 |         |    |     |  |     |  |    |  |    |  |
|---|--|-------------------------------|---------|----|-----|--|-----|--|----|--|----|--|
|   | (0   | che                           | ck only | or | ie) |  |     |  |    |  |    |  |
|   |  | ×                             | 11a     |    | 11b |  | 11c |  | 12 |  |    |  |
|   |  |                               | 13      |    | 14  |  | 15  |  | 16 |  | 17 |  |
| , , ,   | not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee. |                               |         |    |     |  |     |  |    |  |    |  |
|   |  |                               |         |    |     |  |     |  |    |  |    |  |
|   |  |                               |         |    |     |  |     |  |    |  |    |  |
|   |  |                               |         |    |     |  |     |  |    |  |    |  |

| Any information copied from such Reports and SI or for commercial purposes, other than using the    |   |   |
|---|---|---|
| NAME OF COMMITTEE (In Full)  American Nurses Association Pa   |   | 2 2 2 222   |
| Full Name (Last, First, Middle Initial)  A. Lexa J. Most  Mailing Address 1161 Chapman St           |   | Date of Receipt   |
| City San Jose   | State Zip Code<br>CA 95126-1105                               | 03 31 2016  Transaction ID : A1CAB3EAA3BF74815973  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  Name of Employer                        | Occupation  | 250.00 Memo Item  |
| O'connor Hospital  Receipt For:  Primary  General  Other (specify)                                  | Staff Nurse  Aggregate Year-to-Date ▼  250.00                 |   |
| Full Name (Last, First, Middle Initial)  B. Robert V. Piemonte  Mailing Address 76 W 86th St Apt 2a |   | Date of Receipt   |
| City New York FEC ID number of contributing   | State Zip Code<br>NY 10024-3649                               | 03 10 2016  Transaction ID : A3E5388AB78A14BFFB00  Amount of Each Receipt this Period |
| federal political committee.  Name of Employer NYSNA  Receipt For: Primary General                  | Occupation President  Aggregate Year-to-Date ▼                | 250.00 Memo Item  |
| Other (specify)   Full Name (Last, First, Middle Initial)   | 250.00  |   |
| C. Donna M. Policastro  Mailing Address 293 Whitford Ave  |   | Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y                |
| City<br>Providence  | State         Zip Code           RI         02908-3354        | Transaction ID : A2A370E32025C4F17ACC  Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.  | C   | 50.00   |
| Name of Employer  Ana-ri  Receipt For:  Primary General  Other (specify) ▼                          | Occupation  Nurse Executive  Aggregate Year-to-Date ▼  550.00 | Memo Item   |
| SUBTOTAL of Receipts This Page (optional)   |   | 550.00  |
| TOTAL This Period (last page this line number of  | only)   |   |

Mailing Address 943 Beverly Rd

Cleveland Heights

City

State

ОН

TOTAL This Period (last page this line number only).....

| lmage# 201604209012606330   |  |   |
|---|--|---|
| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                          | FOR LINE NUMBER: PAGE 13 OF 21 (check only one)    X   11a  |
| Any information copied from such Reports and State or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Nurses Association PA   | name and address of any political committee  |   |
| Full Name (Last, First, Middle Initial)  DONNA L. POOLE  Mailing Address 816 Madison Ave N  City  Bainbridge Island  FEC ID number of contributing federal political committee.  Name of Employer  Kitsap Mental Health Services  Receipt For:  Primary  General  Other (specify) | State Zip Code WA 98110-1769  C  Occupation Nurse Practitioner  Aggregate Year-to-Date ▼  250.00 | Date of Receipt  03 06 2016  Transaction ID : AE3BF8D6E7D194D78A3C  Amount of Each Receipt this Period  250.00  Memo Item |
| Full Name (Last, First, Middle Initial)  B. Carol A. Roe  |  | Date of Receipt   |

24

Transaction ID : A7891A508C0A745AA818

2016

03

| Cleveland Heights  | OH 44121-2005                        | Amount of Each Receipt this Period    |
|--|--------------------------------------|---------------------------------------|
| FEC ID number of contributing federal political committee.   | C                                    | 250.00                                |
| Name of Employer<br>CENTERS FOR DIALYSIS CARE                | Occupation Public Affairs Consultant | Memo Item                             |
| Receipt For:  Primary General  Other (specify) ▼             | Aggregate Year-to-Date ▼ 250.00      |                                       |
| Full Name (Last, First, Middle Initial)  C. Susan E. Shapiro | •                                    | Date of Receipt                       |
| Mailing Address 565 Peachtree St NE                          |                                      | 03 18 2016                            |
| City   | State Zip Code                       | Transaction ID : AAEB933E7C5D6481D9D4 |
| Atlanta  | GA 30308-2230                        | Amount of Each Receipt this Period    |
| FEC ID number of contributing federal political committee.   | С                                    | 250.00                                |
| Name of Employer   | Occupation                           | Memo Item                             |
| Consultant in Emergency Care                                 | Consultant                           |                                       |
| Receipt For:  Primary General  Other (specify) ▼             | Aggregate Year-to-Date ▼ 250.00      |                                       |
| SUBTOTAL of Receipts This Page (option                       | al)                                  | 750.00                                |

Zip Code

44121-2005

## S 17

| or for commercial purposes, other than using  | d Statements ma                                | Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any paddress of any political committee | FOR LINE NUMBER: PAGE 14 OF 21 (check only one)    X   11a  |
|---|--|---|---|
| NAME OF COMMITTEE (In Full) American Nurses Association  Full Name (Last, First, Middle Initial) A. Susan A. Shively  Mailing Address 1700 Old Lebanon Rd  City Campbellsville  FEC ID number of contributing federal political committee.  Name of Employer Central KY Surgical Services | State KY  C Occupation RN                      | Zip Code<br>42718-9615  | Date of Receipt  03   |
| Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)   | Aggregate                                      | Year-to-Date ▼  203.00  | ]   |
| B. Ms. Kelly Straight  Mailing Address 255 S Bayview Ave  City Sunnyvale  FEC ID number of contributing federal political committee.  Name of Employer Roper Hosital  Receipt For:  Primary  Other (specify) ▼  | State CA  C  Occupation Nurse  Aggregate       | Zip Code<br>94086-6290<br>Year-to-Date ▼  | Date of Receipt  03 08 2016  Transaction ID : A2C2FB865E7DC4312A9C  Amount of Each Receipt this Period  500.00  Memo Item |
| Full Name (Last, First, Middle Initial)  C. Diana K Sullivan  Mailing Address 655 Covered Bridge Rd  City Greenwood  FEC ID number of contributing federal political committee.  Name of Employer Indiana University Receipt For:  Primary General Other (specify)                        | State IN  C  Occupation Clincal Lec  Aggregate |   | Date of Receipt  M  |

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1003.00

| Llee concrete cohodule(e)                         | FOR LINE NUMBER: PAGE 15 OF 21  |  |
|---|---|--|
| Use separate schedule(s) for each category of the | (check only one)  |  |
| Detailed Summary Page                             | X 11a 11b 11c 12  |  |
| ,g.   | 13 14 15 16 17  |  |
|   | erson for the purpose of soliciting contributions to solicit contributions from such committee. |  |
|   |   |  |
|   |   |  |
|   |   |  |

|   | Statements may not be sold or used by any persole name and address of any political committee to |                                       |
|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full)   |  |                                       |
| American Nurses Association   | PAC  |                                       |
| Full Name (Last, First, Middle Initial)  A. Mrs. Julia H. Tortorice   |  | Date of Receipt                       |
| Mailing Address 388 SW Quail Heights Ter                              |  | 03 28 2016                            |
| City  | State Zip Code   | Transaction ID : A8FE6996BF379413DBBC |
| Lake City   | FL 32025-1443  | Amount of Each Receipt this Period    |
| FEC ID number of contributing federal political committee.            | C  | 1000.00                               |
| Name of Employer  | Occupation   | Memo Item                             |
| Ceufast.com   | RN   |                                       |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                       |
| Primary General Other (specify) ▼                                     | 1000.00  |                                       |
|   |  |                                       |
| Full Name (Last, First, Middle Initial)  B. Virginia T. Trotter Betts |  | Date of Receipt                       |
| Mailing Address 425 5th Ave N   |  | 03 10 2016                            |
| City  | State Zip Code   | Transaction ID : AAB80EE66F9844BFAAF5 |
| Nashville   | TN 37243-3400  | Amount of Each Receipt this Period    |
| FEC ID number of contributing federal political committee.            | C  | 250.00                                |
| Name of Employer  | Occupation   | Memo Item                             |
| TN Dept of Mental Health & Devel Disab                                | Commission of Mental Health  | _                                     |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                       |
| Primary General   | Aggregate Tear-to-Date ▼   |                                       |
| Other (specify) ▼   | 250.00   |                                       |
| Full Name (Last, First, Middle Initial) C. Dr. Irene Trowell-Harris   |  | Date of Receipt                       |
| Mailing Address 2582 S. Arlington Mill Dr Apt                         | G  | 03 07 2016                            |
| City  | State Zip Code   | Transaction ID : AE34DCC2159284DD39BB |
| Arlington   | VA 22206-4046  | Amount of Each Receipt this Period    |
| FEC ID number of contributing federal political committee.            | C  | 250.00                                |
| Name of Employer  | Occupation   | Memo Item                             |
| RETIRED RN  | Retired RN & USAF  |                                       |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                       |
| Primary General  Other (specify) ▼                                    | 250.00   |                                       |
|   |  | 1500.00                               |
| SUBTUTAL of Receipts This Page (optional)                             | <b>&gt;</b>  | 1000.00                               |
| TOTAL This Period (last page this line number                         | r only)  |                                       |

|   | FOR            | FOR LINE NUMBER: PAGE 16 OF 21 |     |  |     |  |    |  | 21 |
|---|----------------|--------------------------------|-----|--|-----|--|----|--|----|
| Use separate schedule(s) for each category of the             | (checl         | k only on                      | ie) |  |     |  |    |  |    |
| Detailed Summary Page   | $ \mathbf{X} $ | 11a                            | 11b |  | 11c |  | 12 |  |    |
|   |                | 13                             | 14  |  | 15  |  | 16 |  | 17 |
| not be sold or used by any pedress of any political committee |                |                                |     |  | _   |  |    |  |    |
|   |                |                                |     |  |     |  |    |  |    |
|   |                |                                |     |  |     |  |    |  |    |

| Mailing Address 4914 E Aire Libre Ave  City Scottsdale AZ S5254-9638  FEC ID number of contributing federal political committee.  Name of Employer PV Health Solutions Receipt For: Primary General City Newport City Newport OR PC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  City Newport  City Name of Employer PCH-Pacific Communities Hospital Receipt For: Primary General Other (specify) ▼  Cocupation PC State Zip Code Newport  City Name of Employer PCH-Pacific Communities Hospital Other (specify) ▼  Cocupation   | or for commercial purposes, other than using | nd Statements may not be sold or used by any per-<br>g the name and address of any political committee to | son for the purpose of soliciting contributions to solicit contributions from such committee. |
|---|--|---|---|
| A. PATRICIA VANMANEN  Mailing Address 4914 E Aire Libre Ave  City Scottsdale AZ S5284-9638  FEC ID number of contributing federal political committee.  Name of Employer PV Health Solutions Receipt For: Primary General City State Zip Code AZ S5284-9638  Coccupation Health Consultant Receipt For: Primary General City State Zip Code Aggregate Year-to-Date ▼ Primary General City Newport FEC ID number of contributing federal political committee.  City Name of Employer PCH-Pacific Communities Hospital City Primary General City Maliing Address 1126 25th St NW Apt 4  City Mashington  FEC ID number of contributing federal political committee. C 20037-1464 Firansaction ID: AF200F536P43C44 Amount of Each Receipt this Period  Transaction ID: A61800C64BE43490 Amount of Each Receipt this Period  Transaction ID: A61800C64BE43490 Amount of Each Receipt this Period  Transaction ID: A61800C64BE43490 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of Each Receipt this Period  Transaction ID: A61800C64BE4390 Amount of | ` '  | n PAC   |   |
| City Scottsdale AZ 85254-9638  FEC ID number of contributing federal political committee.  Name of Employer PV Health Solutions Receipt For: Primary General Other (specify) ▼  State Zip Code AZ 85254-9638  Amount of Each Receipt this Period  125.00  Memo Item    Memo Item   Memo Item   Memo Item   Memo Item   Memo Item   Date of Receipt   Memo Item   Date of Receipt Itis Period   Date of Receipt Itis Period   Memo Item   Date of Receipt Itis Period   Date of Rece | A. PATRICIA VANMAANEN                        |   | Date of Receipt   |
| City State Zip Code Scottsdale AZ 85254-9638  FEC ID number of contributing federal political committee.  Name of Employer PV Health Solutions Flacing For:    Primary   General   Aggregate Year-to-Date ▼     PC   Date of Receipt Tiss Period  | Mailing Address 4914 E Aire Libre Ave        |   |   |
| FEC ID number of contributing federal political committee.  Name of Employer P-V Health Solutions Receipt For: Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) B. Linda G. Walker Mailing Address 6035 NE Deer Ln  City State Zip Code Newport OR 97365-1159  FEC ID number of contributing federal political committee.  Name of Employer PCH-Pacific Communities Hospital Receipt For: Primary General Other (specify) ▼ 1000.00  Full Name (Last, First, Middle Initial) C. Marila J. Weston  Mailing Address 1126 25th St NW Apt 4  City State Zip Code Transaction ID : A51800C64BE4340; Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID : A51800C64BE4340; Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID : A51800C64BE4340; Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID : A5200F64BE4340; Amount of Each Receipt this Period  Transaction ID : A5200F63B43C42; Amount of Each Receipt this Period  PEC ID number of contributing federal political committee.  Name of Employer American Nurses Assn Receipt For: Primary General Other (specify) ▼ 2000.00  | •  | ·   | Transaction ID : A7F5FF5A87CAA4D35A6  |
| Name of Employer PV Health Solutions Receipt For:    Other (specify) ▼  | · · · · · · · · · · · · · · · · · · ·        | C   | 125.00  |
| Primary   | Pv Health Solutions                          | Health Consultant   | Memo Item   |
| B. Linda G. Walker  Mailing Address 6035 NE Deer Ln  City Newport  FEC ID number of contributing federal political committee.  Name of Employer Primary Other (specify) ▼  City State Cip Code OR 97365-1159  Coccupation Other  Aggregate Year-to-Date ▼  City Washington  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: A61800C64BE4340: Amount of Each Receipt this Period  Memo Item  Date of Receipt  Transaction ID: A61800C64BE4340: Amount of Each Receipt this Period  Full Name (Last, First, Middle Initial) C. Marla J. Weston  Mailing Address 1126 25th St NW Apt 4  City Washington  FEC ID number of contributing federal political committee.  Name of Employer American Nurses Assn Receipt For: Primary Other (specify) ▼  Coccupation Chief Executive Officer  Aggregate Year-to-Date ▼  Chief Executive Officer  Aggregate Year-to-Date ▼  Other (specify) ▼  Coccupation  Chief Executive Officer  Aggregate Year-to-Date ▼  Other (specify) ▼  Coccupation  Coccupation  Coccupation  American Nurses Assn Receipt For: Primary Other (specify) ▼  Coccupation  Coccupation  Coccupation  Coccupation  Aggregate Year-to-Date ▼  Coccupation  Coccupation  Coccupation  Aggregate Year-to-Date ▼  Coccupation  Co | Primary General                              |   |   |
| City Newport  FEC ID number of contributing federal political committee.  Name of Employer PCH-Pacific Communities Hospital Other (specify) ▼  C. Marla J. Weston  Mailing Address 1126 25th St NW Apt 4  City Washington  FEC ID number of contributing federal political committee.  C. Marla J. Weston  Mailing Address 1126 25th St NW Apt 4  City Washington  FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼  C. Marla J. Weston  Mailing Address 1126 25th St NW Apt 4  City Washington  FEC ID number of contributing federal political committee.  Name of Employer American Nurses Assn Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Cocupation Chief Executive Officer Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Cotton of Each Receipt this Period  Aggregate Year-to-Date ▼  Cotton of Each Receipt This Period  Aggregate Year-to-Date ▼  Cotton of Each Receipt This Period  Aggregate Year-to-Date ▼  Cotton of Each Receipt This Period  Aggregate Year-to-Date ▼  Cotton of Each Receipt This Period  Aggregate Year-to-Date ▼  Cotton of Each Receipt This Period  Amount of Each Receipt This Period  Amount of Each Receipt This Period  Cotton of Each Receipt This Period  Amount of Each Receipt This Period  Cotton of Each Receipt This Period  Amount of Each Receipt This Period  Amount of Each Receipt This Period  Amount of Each Receipt This Period  Cotton of Each Receipt This Period  Cotton of Each Receipt This Period  Amount of Each Receipt This Period  Cotton of Each Receipt This Period  Amount of Each Receipt This Period  Cotton of Each Receipt This Period  Amount of Each Receipt This Period  Cotton of Each Receipt This Period  Cotton of Each Receipt This Period  Amount of Each Receipt This Period  Cotton of Eac |  |   | Date of Receipt   |
| City Newport OR 97365-1159  FEC ID number of contributing federal political committee.  Name of Employer PCH-Pacific Communities Hospital  Receipt For: Primary General Other (specify) ▼   | Mailing Address 6035 NE Deer Ln              |   |   |
| FEC ID number of contributing federal political committee.  Name of Employer PCH-Pacific Communities Hospital Receipt For:  Primary General Other (specify) ▼   | •  | ·   | Transaction ID : A61800C64BE434022A39   |
| PCH-Pacific Communities Hospital  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Marla J. Weston  Mailing Address 1126 25th St NW Apt 4  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Nurses Assn  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Cocupation  Cocupation  Chief Executive Officer  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  | FEC ID number of contributing                |   | Amount of Each Receipt this Period  |
| Primary General Other (specify) ▼    Date of Receipt  | PCH-Pacific Communities Hospital             | ,   | Memo Item   |
| C. Marla J. Weston  Mailing Address 1126 25th St NW Apt 4  City Washington  FEC ID number of contributing federal political committee.  Name of Employer American Nurses Assn  Receipt  Mailing Address 1126 25th St NW Apt 4  City Washington  DC 20037-1464  C 2000.00  Memo Item  Memo Item  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼   | Primary General                              |   |   |
| Mailing Address 1126 25th St NW Apt 4  City State Zip Code DC 20037-1464  FEC ID number of contributing federal political committee.  Name of Employer American Nurses Assn  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Amount of Each Receipt this Period  Memo Item  Memo Item   |  |   | Date of Receipt   |
| Washington  DC 20037-1464  Amount of Each Receipt this Period  C 2000.00  Name of Employer  American Nurses Assn  Receipt For:  Primary  Other (specify) ▼  Amount of Each Receipt this Period  2000.00  Amount of Each Receipt this Period  Amount of Each Receipt this Period  2000.00  Amount of Each Receipt this Period  2000.00   |  |   | M = M / D = D / Y = Y = Y   |
| federal political committee.  Name of Employer  American Nurses Assn  Receipt For:  Primary  Other (specify) ▼  Occupation  Chief Executive Officer  Aggregate Year-to-Date ▼  2000.00  | •  | •   | Transaction ID : AF2C0FE36D43C4299BF  |
| American Nurses Assn  Receipt For:  Primary  Other (specify) ▼  Chief Executive Officer  Aggregate Year-to-Date ▼  2000.00  | •  | C   | 2000.00   |
| Primary General Other (specify) ▼ 2000.00   |  | '   | Memo Item   |
| SUBTOTAL of Receipts This Page (optional)   | Primary General                              |   |   |
|   | SUBTOTAL of Receipts This Page (optiona      | I)  | 3125.00   |
| TOTAL This Period (last page this line number only)   |  | <u> </u>  |   |

FOR LINE NUMBER: PAGE 17 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Deanna Wood Date of Receipt Mailing Address 11965 SW Settler Way 2016 City Zip Code State Transaction ID: A79EC75D4619649B19DE 97008-7921 OR Beaverton Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Memo Item Name of Employer Occupation Primrose OB/GYN Regional Nurse Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... 12908.08 TOTAL This Period (last page this line number only).....

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS   | Use separate schedule(s)                          | FOR LINE I | NE NUMBER: PAGE 18 OF 21 only one)          |  |  |  |
|---|---|------------|---|--|--|--|
| TI LIVIIZED DISDONSEIVIEN IS  | for each category of the<br>Detailed Summary Page | 21b<br>27  | 22 X 23 24 25 26<br>28a 28b 28c 29 30b      |  |  |  |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name |   |            |   |  |  |  |
| NAME OF COMMITTEE (In Full) American Nurses Association PAC   |   |            |   |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |            | Data of Dishurasment                        |  |  |  |
| A. Abracadabra Printing   |   |            | Date of Disbursement                        |  |  |  |
| Mailing Address 6250 Stanley Ave S  |   |            | 03 22 2016                                  |  |  |  |
| ,   | State Zip Code                                    |            | Transaction ID : B4BB85C5B196C4582B6        |  |  |  |
| Seattle Purpose of Disbursement   | WA 98108-2812                                     |            |   |  |  |  |
| IN-KIND Printing Expense  |   |            | Amount of Each Disbursement this Period     |  |  |  |
| Candidate Name  |   | Category/  | 2277.89                                     |  |  |  |
| Hillary Rodham Clinton  Office Sought: House Disbursen  | nent For: 2016                                    | Туре       |   |  |  |  |
|   | Primary General                                   |            | Memo Item                                   |  |  |  |
|   | Other (specify) ▼                                 |            |   |  |  |  |
| State: District: 00   |   |            |   |  |  |  |
| Full Name (Last, First, Middle Initial)  B. ALMA ADAMS FOR CONGRESS                                       |   |            | Date of Disbursement                        |  |  |  |
| Mailing Address P.O. BOX 20622  |   |            | 03 18 2016                                  |  |  |  |
| ,   | State Zip Code<br>NC 27420                        |            | Transaction ID : BF9940F49F3984A508F1       |  |  |  |
| Purpose of Disbursement VOID - Political Contribution   | 21420   |            | Amount of Each Disbursement this Period     |  |  |  |
| Candidate Name  |   | Category/  |   |  |  |  |
| Rep. Alma S. Adams  |   | Type       | -1000.00                                    |  |  |  |
| Senate  | nent For: 2016  Primary General  Other (specify)  |            | Memo Item                                   |  |  |  |
| State: NC District: 12  |   |            |   |  |  |  |
| Full Name (Last, First, Middle Initial)  C. Conyers for Congress  |   |            | Date of Disbursement                        |  |  |  |
| Mailing Address 5 Rosecraft Drive   |   |            | 03 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |  |  |  |
| City  | State Zip Code                                    |            | Transaction ID DELOADSSTATES                |  |  |  |
|   | VA 22407-2345                                     |            | Transaction ID : B51CAD3917012432B99        |  |  |  |
| Purpose of Disbursement Political Contribution  |   |            | Amount of Eoob Dichurgers at this Design    |  |  |  |
| Candidate Name  |   | Category/  | Amount of Each Disbursement this Period     |  |  |  |
| Rep. John Conyers Jr.   |   | Type       | 1000.00                                     |  |  |  |
| Senate<br>President   | nent For: 2016  Primary General  Other (specify)  |            | Memo Item                                   |  |  |  |
| State: MI District: 13  |   |            |   |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   | <u> </u>   | 2277.89                                     |  |  |  |
| TOTAL This Period (last page this line number only).  |   |            |   |  |  |  |

| TEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE (check only | one) 22 X 23 24 25 26                   |
|--|---|----------------------|---|
| Any information copied from such Reports and Statem            |   | by any perso         | 28a 28b 28c 29 30b                      |
| or for commercial purposes, other than using the nam           |   |                      |   |
| NAME OF COMMITTEE (In Full)  American Nurses Association PAC   |   |                      |   |
| Full Name (Last, First, Middle Initial)  • EQUALITY PAC        |   |                      | Date of Disbursement                    |
| Mailing Address PO BOX 15337                                   |   |                      | 03 09 2016                              |
| ,  | tate Zip Code<br>DC 20003   |                      | Transaction ID : B123FE78307FF49E5BC8   |
| Purpose of Disbursement Political Contribution Candidate Name  |   |                      | Amount of Each Disbursement this Period |
|  |   | Category/<br>Type    | 1000.00                                 |
| Senate President   | ent For: 2016  Primary General  Other (specify) ▼                       |                      | Memo Item                               |
| State: District:  Full Name (Last, First, Middle Initial)      | Other2016   |                      |   |
| FRIENDS OF DAVE JOYCE  |   |                      | Date of Disbursement                    |
| Mailing Address 320 KENARDEN DRIVE                             |   |                      | 03 09 2016                              |
| Cleveland  | tate Zip Code<br>OH 44143-3710  |                      | Transaction ID: B67B92B34B3C14A43A58    |
| Purpose of Disbursement Political Contribution                 |   |                      | Amount of Each Disbursement this Period |
| Candidate Name  David P Joyce                                  |   | Category/<br>Type    | 1500.00                                 |
| Office Sought: House Disbursem                                 | ent For: 2016 Primary General Other (specify)                           |                      | Memo Item                               |
| Full Name (Last, First, Middle Initial)  FRIENDS OF DAVE JOYCE |   |                      | Date of Disbursement                    |
| Mailing Address 320 KENARDEN DRIVE                             |   |                      | 03 09 2016                              |
| ,  | tate Zip Code<br>OH 44143-3710  |                      | Transaction ID : B6D34A9093B4B4608858   |
| Purpose of Disbursement Political Contribution                 | Г   |                      | Amount of Each Disbursement this Period |
| Candidate Name David P Joyce                                   |   | Category/<br>Type    | 5000.00                                 |
| Senate   | ent For: 2016 Primary   |                      | Memo Item                               |
| SUBTOTAL of Disbursements This Page (optional)                 |   |                      | 7500.00                                 |
| TOTAL This Period (last page this line number only).           |   |                      |   |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS   | Use separate schedule(s)                               | FOR LINE I        |   |
|---|--|-------------------|---|
| ILIWIIZED DISBURSEWENIS   | for each category of the<br>Detailed Summary Page      | 21b<br>27         | 22 X 23 24 25 26<br>28a 28b 28c 29 30b          |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full) |  |                   |   |
| American Nurses Association PAC   |  |                   |   |
| Full Name (Last, First, Middle Initial)  A. FRIENDS OF MICHELLE   |  |                   | Date of Disbursement                            |
| Mailing Address P.O. BOX 25422  |  |                   | 03 09 2016                                      |
| Albuquerque   | State         Zip Code           NM         87125-0422 |                   | Transaction ID : B92DAA44D4E6B427E98            |
| Purpose of Disbursement Political Contribution  Candidate Name  |  |                   | Amount of Each Disbursement this Period         |
| Rep. Michelle Lujan Grisham  Office Sought: House Disbursem   | nent For: 2016   | Category/<br>Type | 1000.00 Memo Item                               |
|   | Primary ☐ General Other (specify) ▼                    |                   |   |
| Full Name (Last, First, Middle Initial)  3. FRIENDS OF SCHUMER  |  |                   | Date of Disbursement                            |
| Mailing Address 192 LEXINGTON AVENUE SUITE  | 1001   |                   | 03 30 2016                                      |
| New York  | State Zip Code<br>NY 10016-6823                        |                   | Transaction ID : B03EA9681DFAD421EB0            |
| Purpose of Disbursement Political Contribution  Candidate Name  |  | Category/         | Amount of Each Disbursement this Period         |
| X Senate  | nent For: 2016  Primary General  Other (specify)       | Type              | 1000.00 Memo Item                               |
| Full Name (Last, First, Middle Initial)  NORMA TORRES FOR CONGRES   | SS   |                   | Date of Disbursement                            |
| Mailing Address 728 W EDNA PLACE  |  |                   | 03 09 2016                                      |
| ,   | State Zip Code<br>CA 91722-3222                        |                   | Transaction ID : B705E03799722488D838           |
| Candidate Name Norma Torres   |  | Category/<br>Type | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: House Disburser Senate   | nent For: 2016 Primary General Other (specify)         | 71                | Memo Item                                       |
| SUBTOTAL of Disbursements This Page (optional)  |  |                   | 3000.00   |
| TOTAL This Period (last page this line number only).  |  | ·····             |   |

| Washington Purpose of Disbursement IN-KIND Graphic Design Candidate Name Hillary Rodham Clinton Office Sought:    House  | ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE N<br>(check only<br>21b<br>27 |                           |
|--|---|---|--|---------------------------|
| A Rings-Leighton Ltd  Mailing Address 1440 N Street NW Suite A-1  City Washington Disbursement IN-KNIN Graphic Design Candidate Name Hillary Rodham Clinton Office Sought: Senate President State: District: O0  Full Name (Last, First, Middle Initial) B. SANFORD BISHOP FOR CONGRESS  Mailing Address PO Box 909  City Category/ Type  Date of Disbursement  Transaction ID: BSF5B4320AE4246A1AS  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: B3F5B4320AE4246A1AS  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: B3F5B4320AE4246A1AS  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: B3F5B4320AE4246A1AS  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: B3F5B4320AE4246A1AS  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: B3F5B4320AE4246A1AS  Amount of Each Disbursement  Transaction ID: B3F5B4320AE4246A1AS  Transaction ID: B3F5B4320AE4246A1AS  Amount of Each Disbursement  Transaction ID: B3F5B4320AE4246A1AS  Transaction ID: B3F3F44ASEAEACAD72A  Transaction ID: B3F3F44ASEAEACAD72A  Transaction ID: B3  | or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)  American Nurses Association PAC   |   |  |                           |
| Inivition Caraphic Design   Category/ Type   Transaction ID: B3E1A465EEABC4D72A   Transaction ID: B3E1A465E    | Mailing Address 1440 N Street NW Suite A-1 City S Washington  |   |  | M = M / D = D / Y = Y = Y |
| Date of Disbursement  Date of Disbursement this Period  Date of Disbursement  Date of Disburseme | IN-KIND Graphic Design  Candidate Name  Hillary Rodham Clinton  Office Sought: House Senate  X President  | Primary General   |  | 1212.50                   |
| Columbus  GA 31902-0909  Purpose of Disbursement VOID - Political Contribution  Candidate Name  Rep. Sanford D. Bishop Jr.  Office Sought:  State: GA District: 02  Full Name (Last, First, Middle Initial)  C. Tiberi for Congress  Mailing Address 217 3rd St SE  City Washington Purpose of Disbursement Political Contribution  Candidate Name  Rep. Pat J. Tiberi  Office Sought:  House Senate President Primary  State  Category/ Type  Date of Disbursement  Date of Disbursement  Transaction ID: BD9F56447472B4186844  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Category/ Type  Transaction ID: BD9F56447472B4186844  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Category/ Type  Transaction ID: BD9F56447472B4186844  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: BD9F56447472B4186844  Amount of Each Disbursement this Period  Category/ Type  1500.00  Memo Item  Transaction ID: B199F56447472B4186844  Amount of Each Disbursement this Period  Transaction ID: B199F56447472B4186844  Amount of Each Disbursement  Transaction ID: B199F56447472B4186844  Transaction ID: B199F164  Transactio | B. SANFORD BISHOP FOR CONGRE  | ESS   |  | M = M / D = D / Y = Y = Y |
| Date of Disbursement  Mailing Address 217 3rd St SE  City  Washington  Purpose of Disbursement  Political Contribution  Candidate Name  Rep. Pat J. Tiberi  Office Sought:  State: OH  District: 12  Date of Disbursement  Mailing Address 217 3rd St SE   Transaction ID: BD9F56447472B4186840  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)  | Columbus Purpose of Disbursement VOID - Political Contribution  Candidate Name  Rep. Sanford D. Bishop Jr.  Office Sought:  House Senate President  Disbursem | GA 31902-0909  ent For: 2016  Primary General                           |  | -1000.00                  |
| Washington Purpose of Disbursement Political Contribution  Candidate Name Rep. Pat J. Tiberi  Office Sought:  State: OH District: 12    Category/Type  | C. Tiberi for Congress  Mailing Address 217 3rd St SE   | tate Zip Code   |  | 03 / 02 / 2016            |
| SUBTOTAL of Disbursements This Page (optional)   | Washington Purpose of Disbursement Political Contribution  Candidate Name  Rep. Pat J. Tiberi  Office Sought:  House Senate President  Disbursem              | ent For: 2016 Primary General   |  | 1500.00                   |
| TOTAL This Period (last page this line number only)  | SUBTOTAL of Disbursements This Page (optional)  |   |  | 1712.50                   |